

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # V59716**1. Entity Name
CEDARS ENTERPRISE OF MIAMI, INC.

Principal Place of Business 6721 NW 36 AVE. MIAMI 33141	FL	Mailing Address 6721 NW 36 AVE. MIAMI 33141	US	FL
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2. Principal Place of Business 3709 NW 81ST STREET	3. Mailing Address 3709 NW 81ST STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33147	Country US	Zip 33147	Country US
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4. FEI Number
65-0363759
Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KILIL, ABDALA**
1150 S BISCAYNE POINT ROAD

MIAMI BEACH FL
33141**7. Name and Address of New Registered Agent**Name
KALIL, ABDALA
Street Address (P.O. Box Number is Not Acceptable)
1150 S BISCAYNE POINT ROAD

City
MIAMI BEACH FL Zip Code
33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **ABDALA F. KALIL, M.D.****03/31/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIL, ABDALA MD 1150 S BISCAYNE POINT RD MIAMI BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIL, ABDALA MD 1150 S BISCAYNE POINT RD MIAMI BCH FL 33141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABDALA F. KALIL, M.D.

D

03/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)